



State of Washington  
Application for a Water Right Permit

☒ SURFACE WATER ☐ GROUND WATER  
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use  
(Date Stamp)

JUN 22 09 13

DEPT. OF ECOLOGY  
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: <u>Gene Gratzner</u>	Phone No: <u>253 686 4254</u>	Other No:
Address: <u>PO Box 1840</u>		
City: <u>Ocean Shores WA</u>	State: <u>WA</u>	Zip: <u>98569</u>
Email Address (optional):		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Beautify, Aeriate, & Circulate the Water to promote a Healthy Environment for fish & Wildlife (non consuming use of water)

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<u>Circulating Water Fall</u>	<u>Approx 15</u>		<u>Intermittently 12 mo per year</u>
<u>Circulating Water Fountain</u>	<u>Approx 10</u>		<u>Intermittently 12 mo per year</u>
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Ecology Use	APPLICATION NO: <u>52-30522</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>6/22/09</u> By <u>SL</u> WRIA: <u>22</u>



### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☒ Lake

☐ Other: \_\_\_\_\_

Source Name: Bell Canal Area

Tributary to: \_\_\_\_\_

Number of proposed diversion points: \_\_\_\_\_

Do you have an existing diversion? ☐ YES ☒ NO

#### B.) If Ground Water Source

☐ Well(s) ☐ Other: \_\_\_\_\_

Well diameter & depth: N/A

Number of proposed points of withdrawal: \_\_\_\_\_

Do you have an existing well? ☐ YES ☐ NO

If available, attach Water Well Report and pump test.

Well Tag ID No. \_\_\_\_\_

#### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
092100030200			14	17	12	Grays Harbor
Lot(s)	Block(s)		Subdivision			
303			10			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section\_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section\_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

<u>See Attachment</u>						
¼	¼	Section	Twp.	Range	County	Parcel No.
		14	17	12	Grays Harbor	092100030200

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Water Fall - 50' Long 10 1/2 feet Drop with a  
1 H.P. Pump Supplying Water for the Fall  
Fountain - Approximately 25' from shore using PVC Pipe  
Shooting in Air Approx. 10-15 feet using a 3/4 H.P. Pump

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: N/A	Present population to be served water: N/A
Type of connections: (e.g., home, recreational cabin)	Estimate future population to be served: (20 year projection)

### C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☐ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: \_\_\_\_\_

Name of water system: N/A

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_



**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: N/A

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

**Other Use**

Fountain & Waterfall

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: To Ocean Shores - South on Point Brown to No. Razor Clam (Right) - follow to Cockle St. (Left) East to 369 Cockle

Site Address: 369 Cockle St Ocean Shores WA 98569



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Gene Grätzer  
Print Name  
(Applicant or authorized representative)

Gene Grätzer  
Signature

6-12-09  
Date

Gene Grätzer  
Print Name  
(Landowner of Place of Use)

Gene Grätzer  
Signature

6-12-09  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

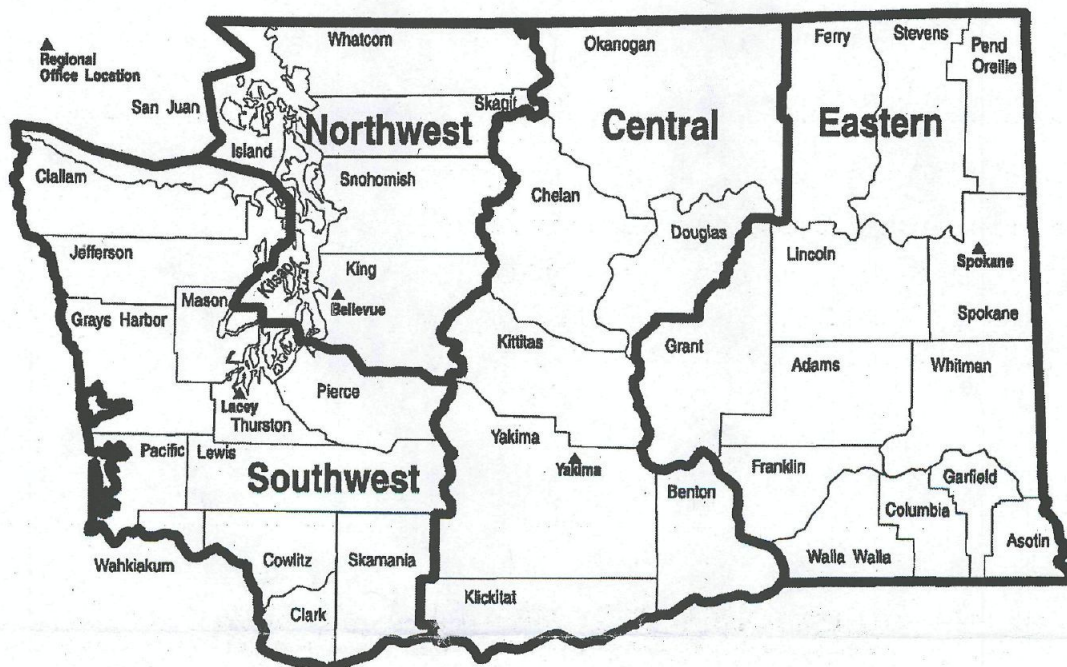
\_\_\_\_\_  
Date

Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 5128  
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341